

BEST AVAILABLE COPY
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	W	76534	10-7-99
O.I.P.E. CLASSIFIER			10/13/99
FORMALITY REVIEW	E/H	60125	10/13/99 10/13/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date	
1	1	1
2	2	2
3	✓	✓
4	✓	1
5	✓	1
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	1
11	✓	1
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	1
17	✓	1
18	✓	✓
19	✓	✓
20	✓	✓
21	✓	✓
22	✓	1
23	✓	1
24	✓	1
25	✓	1
26	✓	1
27	✓	1
28	✓	1
29	✓	1
30	0	1
31	✓	1
32	0	1
33	✓	1
34	0	1
35	✓	1
36	0	1
37	✓	1
38	—	1
39	—	1
40	✓	1
41	—	1
42	—	1
43	—	1
44	—	1
45	—	1
46	—	1
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Claim	Date	
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Claim	Date	
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If more than 150 claims or 10 actions
staple additional sheet here

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